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The Role of Metacognitive Beliefs and Emotion Regulation Strategies in Predicting Fear of Self among Adolescents with Obsessive-Compulsive Disorder

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A B S T R A C T

The present study aimed to investigate the role of metacognitive beliefs and emotion regulation strategies in predicting fear of self among adolescents with obsessive-compulsive disorder. This study employed a descriptive correlational design. The statistical population consisted of adolescents with obsessive-compulsive disorder attending schools in Aliabad during the 2025–2026 academic year, from whom 250 participants were selected through convenience sampling. Data were collected using the Metacognitions Questionnaire, the Gross Emotion Regulation Questionnaire, the Fear of Self Questionnaire, and the Maudsley Obsessive-Compulsive Inventory. Data analysis was performed using SPSS version 26 at descriptive and inferential levels. Pearson correlation coefficients were used to examine relationships among the study variables, and multiple regression analysis was applied to determine the predictive contribution of metacognitive beliefs, cognitive reappraisal, and expressive suppression to fear of self. Total metacognitive beliefs were significantly and negatively correlated with fear of self ($r = -.507$, $p < .01$). Cognitive reappraisal also showed a significant negative correlation with fear of self ($r = -.206$, $p < .01$), whereas expressive suppression was significantly and positively correlated with fear of self ($r = .215$, $p < .01$). The regression model was statistically significant, $F(3, 246) = 33.151$, $p < .001$, and explained 28.8% of the variance in fear of self ($R^2 = .288$; adjusted $R^2 = .279$). Metacognitive beliefs ($\beta = -.490$, $p < .001$) and cognitive reappraisal ($\beta = -.535$, $p = .024$) negatively predicted fear of self, whereas expressive suppression positively predicted it ($\beta = .412$, $p = .014$). The findings indicate that metacognitive beliefs and emotion regulation strategies are significant predictors of fear of self among adolescents with obsessive-compulsive disorder, suggesting that interventions targeting maladaptive metacognitive processes, strengthening cognitive reappraisal, and reducing excessive expressive suppression may help decrease self-related fears in this population.

Keywords: *Mindfulness Training, Cognitive Flexibility, Psychosomatic Symptoms, Generalized Anxiety Disorder, Women*

1. Introduction

Obsessive-compulsive disorder (OCD) is a complex psychological disorder characterized by recurrent intrusive thoughts, images, or impulses and repetitive behaviors or mental acts performed to reduce distress or prevent feared outcomes. During adolescence, these symptoms may become particularly disruptive because this developmental period is accompanied by substantial cognitive, emotional, interpersonal, and identity-related changes. Adolescents are increasingly required to regulate affect, evaluate their thoughts, form a coherent sense of self, and function effectively in demanding academic and social environments. When obsessive-compulsive symptoms interact with maladaptive beliefs about thinking and ineffective emotion regulation, intrusive experiences may become more threatening and difficult to manage. Recent studies have therefore increasingly emphasized metacognitive processes, emotional regulation, and self-related fears as important psychological mechanisms associated with obsessive-compulsive symptoms and related dysfunction (Kul et al., 2024; Mısır & Özbek, 2025; Sadeghzadeh et al., 2024; Zargarinejad et al., 2025).

The developmental characteristics of adolescence make the investigation of such mechanisms particularly important. Adolescents are still developing executive control, reflective capacity, emotional awareness, and adaptive strategies for managing negative affect. Consequently, disturbing internal experiences may be interpreted more rigidly or personally than they would be in individuals with more mature regulatory capacities. Metacognitive beliefs are especially relevant in this context because they concern how individuals interpret, monitor, and respond to their own thoughts. Rather than referring merely to the content of cognition, metacognition involves beliefs about the meaning, controllability, danger, usefulness, or significance of thoughts and mental events. Maladaptive metacognitive beliefs may lead individuals to perceive intrusive thoughts as uncontrollable, threatening, or indicative of psychological danger, thereby maintaining repetitive thinking and emotional distress. Evidence has shown meaningful associations between metacognitive beliefs, anxiety, emotion regulation, executive functioning, and psychological adjustment in children and adolescents (Cécillon et al., 2024; Ebrahimi Ghavam et al., 2024; Merkebu et al., 2023).

Within metacognitive models of psychopathology, emotional distress is not assumed to result solely from the occurrence of negative thoughts but from how individuals appraise and regulate those thoughts. Beliefs such as "I cannot control my thoughts," "worry protects me," "having this thought is dangerous," or "I must control undesirable thoughts" may encourage persistent monitoring and attempts at cognitive control. These processes can paradoxically increase the salience of intrusive cognitions and promote rumination, worry, thought suppression, and attentional fixation. Such patterns are particularly pertinent to OCD, in which unwanted thoughts are often interpreted as personally meaningful and are followed by efforts to neutralize or control them. Research on individuals with obsessive-compulsive symptoms has indicated that metacognitive dysfunction is associated not only with symptom severity but also with broader problems in functioning and adjustment (Kul et al., 2024; Tajizadegan & Sharifi Isfahani, 2026; Zargarinejad et al., 2025).

The relevance of metacognitive beliefs to OCD is further supported by findings concerning families and interpersonal contexts. Mısır and Özbek showed that obsessive beliefs, metacognitive beliefs, and rumination are important variables in families of adolescents with OCD, suggesting that cognitive and metacognitive patterns associated with obsessive-compulsive phenomena should be considered within the broader developmental context of adolescence (Mısır & Özbek, 2025). The significance of metacognition is also reflected in intervention research. Metacognitive approaches have increasingly been incorporated into treatments designed to reduce obsessive-compulsive symptoms and improve psychological functioning. For example, research involving cognitive remediation combined with metacognitive therapy reflects growing interest in targeting cognitive and metacognitive mechanisms directly in OCD (Zargarinejad et al., 2025). Similarly, schema-based interventions have been reported to influence metacognitive beliefs and emotional dimensions among individuals with obsessive-compulsive symptoms, supporting the view that maladaptive metacognition is a modifiable component of obsessive-compulsive psychopathology (Tajizadegan & Sharifi Isfahani, 2026).

Another central process in understanding obsessive-compulsive symptoms is emotion regulation. Emotion regulation refers to the processes through which individuals influence which emotions they experience, when they experience them, and how these emotions are expressed or managed. Adaptive strategies can allow individuals to reinterpret distressing events and reduce excessive emotional activation, whereas maladaptive strategies may

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intensify distress or maintain avoidance. Among commonly investigated strategies, cognitive reappraisal involves changing the interpretation of an emotional event in order to alter its emotional impact, while expressive suppression involves inhibiting the outward expression of emotion after it has already been activated. These strategies are not psychologically equivalent. Cognitive reappraisal is generally viewed as a relatively adaptive regulatory strategy, whereas persistent suppression may be associated with increased internal distress and reduced emotional processing. The role of emotional regulation becomes especially important in adolescence, when emotional intensity can be high while self-regulatory capacities are still developing (Cécillon et al., 2024; Ebrahimi Ghavam et al., 2024).

Metacognition and emotion regulation are also closely interconnected rather than operating as entirely independent psychological processes. Individuals' beliefs about their own thinking can shape how they respond to emotional experiences, while emotional states can influence attention, cognitive control, and reflective processes. Cécillon et al. demonstrated meaningful associations among trait anxiety, emotion regulation, metacognitive beliefs, executive functioning, and academic outcomes, emphasizing the interconnected nature of cognitive and emotional regulatory processes (Cécillon et al., 2024). Likewise, Merkebu et al. highlighted the moderating role of metacognition in the relationship between emotional regulation and reflective processes, suggesting that individuals' capacity to observe and evaluate their own cognition may influence how effectively they regulate emotion (Merkebu et al., 2023). In student populations, structural modeling research has also shown that metacognitive awareness, resilience, coping processes, and emotion regulation are systematically linked, further indicating that emotional regulation is embedded within a broader network of self-regulatory mechanisms (Ebrahimi Ghavam et al., 2024).

The interaction between metacognition and emotional regulation has been documented in other forms of psychopathology as well. Estévez et al. reported that coping strategies and emotion regulation may mediate relationships involving impulsivity, metacognition, and eating-disorder symptoms, illustrating how maladaptive metacognitive patterns may contribute to psychopathology through regulatory pathways (Estévez et al., 2024). Although eating disorders differ from OCD in their behavioral manifestations, both may involve intrusive cognition, repetitive mental processes, self-evaluative concerns, and ineffective regulation of distress. Clinical work also suggests that metacognitive processes are relevant in individuals with overlapping obsessive-compulsive personality characteristics and eating pathology, further underscoring the transdiagnostic importance of metacognition in complex patterns of emotional and behavioral dysfunction (Fioravanti et al., 2026). These findings support examining metacognition and emotion regulation simultaneously rather than treating them as isolated explanatory variables.

A particularly important but comparatively less investigated construct in obsessive-compulsive psychopathology is fear of self. Fear of self refers to the perception that one might possess, become, or reveal an undesirable, immoral, dangerous, contaminated, or otherwise unacceptable identity. In this framework, intrusive thoughts are threatening not only because of their immediate content but because of what they are interpreted to imply about the individual. An adolescent may, for example, experience an unwanted aggressive, immoral, sexual, or contaminating thought and interpret its occurrence as evidence of being a dangerous or unacceptable person. Such interpretations may produce persistent anxiety, self-monitoring, checking, avoidance, reassurance seeking, and neutralizing behavior. Thus, fear of self may function as a bridge between intrusive cognition and obsessive-compulsive responses by transforming an unwanted thought into a perceived threat to identity.

Empirical evidence has increasingly supported the relevance of fear of self to obsessive-compulsive phenomena. Üzümcü et al. examined fear of self in relation to mental contamination and showed that fear of self contributes meaningfully to cognitive-affective processes associated with contamination-related experiences (Üzümcü et al., 2023). This finding is important because mental contamination often occurs without direct physical contact and may instead emerge from appraisals involving morality, identity, memory, or perceived internal impurity. Such experiences demonstrate that obsessive-compulsive distress can be generated by threats to the psychological self as much as by threats in the external environment. Fear of self may therefore represent an important explanatory construct for understanding why certain intrusive thoughts are experienced as highly significant and why affected individuals attempt so persistently to suppress, neutralize, or disconfirm them.

Recent evidence has also demonstrated associations between fear of self and obsessive-compulsive symptoms through interpersonal and attachment-related pathways.

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Nanava and Raisi found that attachment styles play a mediating role in the relationship between fear of self and obsessive-compulsive symptoms, indicating that self-related fears may be embedded within broader patterns of emotional security and interpersonal representation (Nanava & Raisi, 2025). Such findings are especially relevant to adolescents because identity formation and attachment processes remain highly salient during this developmental period. Adolescents with unstable or threatening self-representations may be particularly vulnerable to interpreting intrusive mental events as evidence of an unacceptable identity. When these appraisals are combined with maladaptive metacognitive beliefs, the individual may repeatedly monitor thoughts and search for internal evidence confirming or disproving feared aspects of the self.

Fear-related self-processes are also relevant to self-disclosure and self-compassion. Sarwar and Alimirza reported that self-compassion was associated with reduced fear of self-disclosure among women with OCD, suggesting that the manner in which individuals relate to themselves can influence how threatening self-revelation becomes (Sarwar & Alimirza, 2025). Although fear of self-disclosure is conceptually distinct from fear of self, both constructs involve apprehension regarding undesirable, unacceptable, or vulnerable aspects of identity becoming psychologically or socially salient. Self-compassion may reduce these fears by promoting a less judgmental stance toward distressing internal experiences. Similarly, research on mindfulness-based compassionate approaches has shown that experiential avoidance and fear of self-compassion can function as important mediators of psychological change, emphasizing that avoidance of internal emotional and self-related experiences may contribute to persistent distress (Scheepbouwer et al., 2025).

These findings are relevant to OCD because obsessive-compulsive responses frequently involve experiential avoidance. Individuals may attempt to remove, suppress, neutralize, or prevent thoughts and emotions that are perceived as incompatible with their desired identity. Such strategies can provide short-term relief but may strengthen the perceived importance of the intrusive experience over time. Emotion regulation strategies are therefore likely to play an important role in determining whether fear of self intensifies or diminishes. Cognitive reappraisal may allow adolescents to interpret intrusive thoughts as temporary mental events rather than as evidence of who they are, whereas expressive suppression may reinforce the perception that certain thoughts or feelings are dangerous and must be concealed. Consequently, maladaptive emotional regulation may contribute to the development or maintenance of fear of self by increasing avoidance and reducing opportunities for corrective emotional processing.

The relationship between metacognition, emotion regulation, and fear of self can also be understood in terms of self-regulatory cycles. An intrusive thought may initially trigger anxiety or disgust. Maladaptive metacognitive beliefs may then lead the adolescent to conclude that the thought is uncontrollable, dangerous, or personally meaningful. If the thought is subsequently interpreted as evidence of an undesirable identity, fear of self may intensify. The adolescent may respond through expressive suppression, rumination, avoidance, checking, reassurance seeking, or other neutralizing behaviors. These responses may reduce distress temporarily but prevent disconfirmation of the feared interpretation, thereby maintaining both obsessive-compulsive symptoms and self-related fear. In contrast, more adaptive metacognitive awareness and cognitive reappraisal may weaken the connection between intrusive cognition and identity-based threat.

Clinical findings further reinforce the importance of targeting these processes in adolescents with OCD. Cognitive-behavioral and metacognitive interventions have been shown to improve resilience, quality of life, and related psychological outcomes in adolescents with obsessive-compulsive disorder, indicating that modification of cognitive and metacognitive patterns can yield meaningful clinical benefits (Sadeghzadeh et al., 2024). Furthermore, contemporary metacognitive and integrative therapies increasingly emphasize not only symptom reduction but also improvement in individuals' capacity to understand mental states, regulate affect, and respond flexibly to internal experiences (Fioravanti et al., 2026; Tajizadegan & Sharifi Isfahani, 2026). Such approaches are consistent with the proposition that obsessive-compulsive symptoms cannot be fully explained by intrusive thoughts alone and should instead be understood in relation to how those thoughts are interpreted, regulated, and integrated into one's sense of self.

Despite these developments, relatively limited research has examined metacognitive beliefs and emotion regulation strategies together as predictors of fear of self in adolescents with OCD. Much of the existing literature has focused on direct associations between metacognition and obsessive-compulsive symptoms, emotional regulation and general psychopathology, or fear of self and specific obsessive-compulsive phenomena. However, fear of self may represent a clinically important outcome through which cognitive and

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emotional regulatory difficulties become organized around identity-related threat. Investigating its predictors can therefore clarify why some adolescents experience intrusive thoughts as particularly threatening to their sense of identity and may help identify psychological mechanisms that can be addressed in prevention and intervention programs. The developmental context of adolescence further strengthens the importance of such research because maladaptive regulatory patterns established during this stage may become increasingly consolidated if they are not recognized and modified.

Accordingly, the present study aimed to investigate the role of metacognitive beliefs and emotion regulation strategies in predicting fear of self among adolescents with obsessive-compulsive disorder.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a descriptive correlational design and aimed to investigate the role of metacognitive beliefs and emotion regulation strategies in predicting fear of self among adolescents with obsessive-compulsive disorder (OCD). Within the proposed predictive model, fear of self was considered the criterion variable, whereas metacognitive beliefs and emotion regulation strategies were regarded as predictor variables. The statistical population consisted of all adolescents with obsessive-compulsive disorder studying in schools in Aliabad during the 2025–2026 academic year. Given the correlational nature of the study and the requirements of regression analysis, a sample of 250 adolescents with obsessive-compulsive disorder was selected using convenience sampling. Participants were recruited from the accessible population of adolescents who met the study criteria and exhibited obsessive-compulsive symptoms. The Maudsley Obsessive-Compulsive Inventory was used to assess obsessive-compulsive symptoms and to support the identification of adolescents presenting with obsessive-compulsive symptomatology. After identifying eligible participants and explaining the general purpose of the research, the study questionnaires were administered to the participants. The principal variables assessed in the study were metacognitive beliefs, emotion regulation strategies, and fear of self. The collected data were subsequently used to examine the magnitude and direction of the relationships among the variables and to determine the extent to which metacognitive beliefs and emotion regulation strategies could predict individual differences in fear of self among adolescents with obsessive-compulsive disorder.

2.2. Data Collection Tools

The Metacognitions Questionnaire was developed by Wells in 1997 to assess individuals' beliefs about their own thinking processes. The instrument is a 30-item self-report questionnaire designed to measure major dimensions of metacognitive beliefs that are considered relevant to emotional and psychological difficulties. Responses are scored on a four-point Likert scale ranging from 1, indicating disagreement with the statement, to 4, indicating complete agreement. The questionnaire assesses five major dimensions of metacognition, including positive beliefs about worry, beliefs concerning the uncontrollability and dangerousness of worry, beliefs concerning cognitive confidence or cognitive competence, negative beliefs related to the need to control thoughts and associated responsibility or superstitious beliefs, and cognitive self-consciousness. Higher scores indicate stronger endorsement of maladaptive or dysfunctional metacognitive beliefs. The questionnaire was translated and adapted for use with Iranian populations by Shirinzadeh. Psychometric investigations of the Iranian version have demonstrated satisfactory reliability and validity. The Cronbach's alpha coefficient for the total scale has been reported as 0.91, while reliability coefficients for the major subscales, including uncontrollability, positive beliefs, cognitive self-consciousness, cognitive confidence, and the need to control negative thoughts, have been reported as approximately 0.87, 0.86, 0.81, 0.80, and 0.71, respectively. Construct validity has also been supported through factor-analytic investigations, and Cronbach's alpha coefficients for the total questionnaire and its subscales have generally ranged between 0.76 and 0.93. The content and clinical appropriateness of the questionnaire have additionally been evaluated by clinical psychologists and psychiatrists. Internal consistency examinations using split-half and Cronbach's alpha procedures have yielded acceptable coefficients, and administration of the measure to an Iranian sample of 52 participants produced a reliability coefficient of approximately 0.88, indicating satisfactory stability and internal consistency for research purposes.

The Gross Emotion Regulation Questionnaire is an instrument developed to assess the strategies individuals employ to manage and regulate their emotional experiences. The questionnaire focuses on the ways in which people respond to, modify, maintain, reduce, or regulate both

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positive and negative emotional states and is commonly used in psychological research to identify individual differences in emotion regulation. The instrument assesses strategies related to the management of positive emotional experiences, including attempts to maintain or enhance desirable emotions through behaviors such as positive social interaction and engagement in enjoyable activities, as well as strategies related to the management of negative emotional experiences, including suppression, avoidance, and cognitive responses to unpleasant emotions. Responses are recorded using a Likert-type format, with participants indicating the degree to which each statement corresponds to their typical emotional responses. Scores reflect the extent to which respondents employ different emotion regulation strategies, with higher scores indicating greater use of the corresponding strategies. Previous psychometric studies have supported the content and construct validity of the instrument, including significant associations with theoretically related measures of emotion regulation and psychological functioning. Internal consistency coefficients exceeding 0.80 have commonly been reported, indicating satisfactory reliability (Gross, 2003). The questionnaire has also been administered in Iranian populations, and studies examining its psychometric characteristics have provided evidence supporting its validity and reliability. Research conducted in Iranian samples, including the study reported by Hosseini et al. (2015), has indicated that the instrument possesses adequate psychometric properties and can therefore be used to assess emotion regulation strategies in Iranian participants.

The Fear of Self Questionnaire was developed by Aardema and colleagues in 2013 to assess fear-based perceptions and appraisals concerning one's own identity or possible self. The questionnaire consists of 20 items designed to measure the extent to which individuals fear becoming, being, or discovering themselves to be a particular type of person whom they perceive as unacceptable, dangerous, immoral, or inconsistent with their desired identity. Items are rated on a six-point Likert scale ranging from 1, representing complete disagreement, to 6, representing complete agreement. Higher scores indicate greater fear of self and stronger endorsement of threatening self-related perceptions. The construct is particularly relevant to obsessive-compulsive phenomena because intrusive thoughts may acquire greater psychological significance when individuals interpret them as evidence concerning an undesirable or feared identity. Psychometric investigations conducted by the developers have also supported a shorter eight-item unidimensional form of the instrument in nonclinical populations and demonstrated meaningful associations between fear of self and different dimensions of obsessive-compulsive symptoms. Cross-cultural examinations conducted in Canada, Australia, and Italy have provided evidence of satisfactory internal consistency, with Cronbach's alpha coefficients reported between approximately 0.89 and 0.97. Test-retest reliability has likewise been reported within a similarly high range, and findings concerning convergent and discriminant validity have supported the psychometric adequacy of the scale for assessing fear-based self-perceptions associated with obsessive-compulsive phenomena (Aardema et al., 2018).

The Maudsley Obsessive-Compulsive Inventory was originally developed by Hodgson and Rachman in 1977 as a self-report measure for assessing obsessive-compulsive symptoms. The questionnaire contains 30 statements that are answered using a dichotomous true-false response format. The overall score represents the severity or frequency of obsessive-compulsive symptomatology, with higher scores indicating more pronounced obsessive-compulsive symptoms. The inventory assesses several major manifestations of obsessive-compulsive symptoms and includes subscales related to checking, washing, slowness, and doubting. These dimensions reflect common patterns of obsessive-compulsive behavior and cognition, such as repeated checking of actions or situations, excessive washing and contamination-related behavior, excessive slowness in completing activities, and persistent uncertainty or doubt. The questionnaire has been widely used in both clinical and research settings as a measure of obsessive-compulsive symptoms and was used in the present study to assess the obsessive-compulsive symptom profile of participating adolescents. Psychometric evidence reported for the original instrument demonstrated acceptable internal consistency across its dimensions. Hodgson and Rachman reported Cronbach's alpha coefficients of approximately 0.70 for checking, 0.80 for washing, 0.70 for slowness, and 0.70 for doubting, indicating acceptable reliability for the assessment of the principal obsessive-compulsive symptom dimensions.

2.3. Data Analysis

The data obtained from the questionnaires were analyzed using IBM SPSS Statistics version 26. Statistical analyses were conducted at both descriptive and inferential levels. At the descriptive level, the mean and standard deviation were

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calculated for the principal study variables, including metacognitive beliefs and their dimensions, emotion regulation strategies, fear of self, and obsessive-compulsive symptoms. These indices were used to describe the central tendency and variability of participants' scores and to provide an overall characterization of the distribution of the study variables. At the inferential level, Pearson's correlation analysis was employed to examine the direction and magnitude of the bivariate relationships between metacognitive beliefs, emotion regulation strategies, and fear of self. Subsequently, stepwise multiple regression analysis was conducted to determine the relative contribution of the predictor variables to explaining variance in fear of self. In the regression model, fear of self was entered as the criterion variable, while metacognitive beliefs and emotion regulation strategies and, where appropriate, their respective dimensions were entered as predictor variables. The stepwise procedure was used to identify the variables that made statistically meaningful contributions to the prediction of fear of self and to determine the proportion of variance in the criterion variable accounted for by the resulting predictive model. Statistical significance was evaluated at the conventional alpha level of 0.05.

3. Findings and Results

The study included 250 adolescents with obsessive-compulsive disorder. Participants ranged in age from 14 to 16 years, with a mean age of 14.98 years (SD = 0.80). Of the total sample, 82 participants (32.8%) were 14 years old, 92 (36.8%) were 15 years old, and 76 (30.4%) were 16 years old, indicating that 15-year-old adolescents constituted the largest age group. Regarding gender, 130 participants (52.0%) were boys and 120 (48.0%) were girls. With respect to maternal education, 28 mothers (11.2%) had a high school diploma, 51 (20.4%) had an associate degree, 103 (41.2%) held a bachelor's degree, and 68 (27.2%) had a master's degree or higher; thus, a bachelor's degree was the most frequent level of maternal education. Regarding paternal education, 43 fathers (17.2%) had a high school diploma, 40 (16.0%) had an associate degree, 104 (41.6%) held a bachelor's degree, and 63 (25.2%) had a master's degree or higher, with a bachelor's degree likewise representing the most common educational level among fathers.

Table 1

Descriptive Statistics and Correlations of Study Variables with Fear of Self

Variable	Minimum	Maximum	Mean	SD	r with Fear of Self	p
Fear of self	31	76	55.95	8.17	1.00	—
Cognitive reappraisal	4	25	16.39	5.82	−0.206	.001
Expressive suppression	9	28	19.48	5.63	0.215	.001
Positive beliefs about worry	2	23	12.61	6.49	−0.288	.001
Beliefs about uncontrollability and danger	2	81	19.23	17.58	−0.441	.001
Cognitive confidence	8	35	15.18	3.56	0.109	.235
Negative beliefs/need to control thoughts	4	21	11.70	5.58	0.234	.001
Cognitive self-consciousness	6	25	16.32	3.01	0.102	.228
Total metacognitive beliefs	39	141	74.24	21.59	−0.507	.001

As shown in Table 1, the mean score for fear of self was 55.95 (SD = 8.17), while the total metacognitive beliefs score had a mean of 74.24 (SD = 21.59). Among the emotion regulation strategies, cognitive reappraisal had a mean of 16.39 (SD = 5.82), whereas expressive suppression had a mean of 19.48 (SD = 5.63). Pearson correlation analysis showed that total metacognitive beliefs were significantly and negatively correlated with fear of self ($r = -.507$, $p < .01$). Among the metacognitive dimensions, positive beliefs about worry ($r = -.288$, $p < .01$) and beliefs about uncontrollability and danger ($r = -.441$, $p < .01$) were negatively associated with fear of self, whereas negative beliefs and the need to control thoughts showed a significant positive correlation with fear of self ($r = .234$, $p < .01$). Cognitive confidence ($r = .109$, $p = .235$) and cognitive self-consciousness ($r = .102$, $p = .228$) were not significantly related to fear of self. Regarding emotion regulation strategies, cognitive reappraisal was significantly and negatively associated with fear of self ($r = -.206$, $p < .01$), whereas expressive suppression showed a significant positive relationship with fear of self ($r = .215$, $p < .01$). These findings indicate that greater use of cognitive reappraisal was associated with lower fear of self, while

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greater expressive suppression was associated with higher fear of self.

Before conducting the regression analysis, the relevant statistical assumptions were examined. The Kolmogorov–Smirnov test was nonsignificant for all study variables, with p values ranging from .067 to .287, indicating no statistically significant departure from normality based on this test. The skewness and kurtosis values were also examined as additional indicators of distributional shape. Most variables had skewness and kurtosis values within the conventional ±2 range; however, cognitive confidence showed a skewness value of 2.362 and beliefs about uncontrollability and danger showed a kurtosis value of 2.599, indicating some deviation from the stricter ±2 criterion for these variables. Nevertheless, the nonsignificant normality tests and the relatively large sample size supported the use of parametric analyses. Multicollinearity was assessed using tolerance and variance inflation factor indices. The reported tolerance values ranged from .547 to .966, all exceeding the minimum criterion of .10, while the reported VIF values ranged from 1.005 to 1.035, all substantially below the critical value of 10, suggesting no problematic multicollinearity among the predictors. In addition, the Durbin–Watson statistic was 1.793, which falls within the acceptable range of approximately 1.5 to 2.5 and therefore supports the independence of residuals. Overall, the diagnostic results indicated that the data were sufficiently appropriate for multiple regression analysis.

Table 2

Multiple Regression Analysis Predicting Fear of Self from Metacognitive Beliefs and Emotion Regulation Strategies

Predictor/Model Statistic	B	SE B	β	t	p
Constant	80.604	3.839	—	20.996	<.001
Metacognitive beliefs	−0.186	0.021	−0.490	−8.956	<.001
Cognitive reappraisal	−1.982	0.874	−0.535	−2.467	.024
Expressive suppression	2.226	0.902	0.412	2.248	.014
Model summary					
R	.537				
R^2	.288				
Adjusted R^2	.279				
Standard error of estimate	6.939				
F(3, 246)	33.151				<.001

The multiple regression model predicting fear of self from metacognitive beliefs, cognitive reappraisal, and expressive suppression was statistically significant, $F(3, 246) = 33.151$, $p < .001$. The multiple correlation coefficient was $R = .537$, and the predictors collectively accounted for 28.8% of the variance in fear of self ($R^2 = .288$), with an adjusted R^2 of .279. Examination of the standardized regression coefficients showed that all three predictors made statistically significant contributions to the model. Metacognitive beliefs significantly and negatively predicted fear of self ($B = −0.186$, $\beta = −.490$, $t = −8.956$, $p < .001$), indicating that higher metacognitive belief scores were associated with lower fear-of-self scores in the present dataset. Cognitive reappraisal also emerged as a significant negative predictor ($B = −1.982$, $\beta = −.535$, $t = −2.467$, $p = .024$), such that greater use of cognitive reappraisal was associated with lower levels of fear of self. In contrast, expressive suppression was a significant positive predictor ($B = 2.226$, $\beta = .412$, $t = 2.248$, $p = .014$), indicating that greater reliance on expressive suppression was associated with higher fear-of-self scores. Based on the standardized coefficients, cognitive reappraisal demonstrated the largest absolute regression coefficient, followed by metacognitive beliefs and expressive suppression. Overall, the findings supported the predictive role of metacognitive beliefs and emotion regulation strategies in explaining individual differences in fear of self among adolescents with obsessive-compulsive disorder.

4. Discussion

The present study investigated the role of metacognitive beliefs and emotion regulation strategies in predicting fear of self among adolescents with obsessive-compulsive disorder. The findings showed that total metacognitive beliefs were significantly and negatively associated with fear of self, while the individual metacognitive dimensions demonstrated different patterns of association. Positive beliefs about worry and beliefs concerning uncontrollability and danger were negatively correlated with fear of self, whereas negative beliefs related to the need to control

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thoughts were positively correlated with fear of self. Cognitive confidence and cognitive self-consciousness were not significantly related to fear of self. With regard to emotion regulation, cognitive reappraisal showed a significant negative relationship with fear of self, whereas expressive suppression was positively associated with fear of self. The regression analysis further indicated that metacognitive beliefs, cognitive reappraisal, and expressive suppression jointly explained 28.8% of the variance in fear of self. All three variables made significant independent contributions to the model, with cognitive reappraisal showing the largest standardized coefficient, followed by total metacognitive beliefs and expressive suppression. Overall, the findings support the importance of cognitive and emotional self-regulatory processes in understanding fear-related representations of the self among adolescents with obsessive-compulsive disorder.

The significant relationship between metacognitive beliefs and fear of self is broadly consistent with research emphasizing the central role of metacognition in obsessive-compulsive psychopathology. Metacognitive beliefs determine how individuals interpret, monitor, and attempt to control their own thoughts. In OCD, the distress caused by intrusive cognitions often depends less on the mere occurrence of the thought than on the meaning assigned to it. When adolescents regard thoughts as dangerous, uncontrollable, morally significant, or indicative of their true identity, intrusive experiences may become more threatening and may contribute to a negative or feared representation of the self. Previous research has demonstrated that metacognitive processes are associated with anxiety, emotional regulation, executive functioning, and psychological adjustment, indicating that metacognition constitutes an important organizing mechanism through which individuals respond to distressing internal experiences (Cécillon et al., 2024; Merkebu et al., 2023). The present findings therefore reinforce the view that fear of self in adolescents with OCD should be understood partly in relation to how they evaluate and regulate their own cognitive activity.

At the same time, the negative relationship observed between the total metacognitive-beliefs score and fear of self requires cautious interpretation. The metacognition construct assessed in the present study contains several dimensions that are not psychologically equivalent, and the correlations of these subcomponents with fear of self were heterogeneous. In particular, negative beliefs and the need to control thoughts were positively associated with fear of self, whereas other dimensions showed negative or nonsignificant associations. Therefore, the inverse relationship observed for the total score may reflect the combined scoring properties of the instrument or the relative contribution of different metacognitive components rather than indicating that maladaptive metacognition is uniformly protective against fear of self. This interpretation is compatible with contemporary research showing that metacognitive dimensions may make distinct contributions to psychopathology and functioning. Kul et al. demonstrated that metacognition is meaningfully related to social functioning in patients with OCD, while Mısır and Özbek identified differential associations among obsessive beliefs, metacognitive beliefs, and rumination in families of adolescents with and without OCD (Kul et al., 2024; Mısır & Özbek, 2025). Thus, it may be more informative to interpret specific metacognitive dimensions separately rather than assuming that a global score represents a single homogeneous psychological process.

The positive association between negative metacognitive beliefs concerning the control of thoughts and fear of self is theoretically meaningful. Adolescents who believe that undesirable thoughts must be controlled may be more likely to interpret intrusive cognitions as dangerous indicators of identity. In obsessive-compulsive disorder, an unwanted thought can become especially distressing when the individual assumes that its presence reveals something unacceptable about who they are. Attempts to suppress, neutralize, or eliminate such cognitions may then increase their salience and strengthen the perceived discrepancy between the actual self and the feared self. Research examining interventions targeting metacognition supports the clinical relevance of this mechanism. Schema therapy has been shown to influence metacognitive beliefs and emotional dimensions in individuals with obsessive-compulsive symptoms, while emerging intervention protocols combine cognitive remediation and metacognitive therapy to target cognitive dysfunction and OCD symptom severity (Tajizadegan & Sharifi Isfahani, 2026; Zargarinejad et al., 2025). These findings support the proposition that dysfunctional beliefs about thinking and thought control are clinically relevant mechanisms rather than merely peripheral correlates of OCD.

The observed association between fear of self and metacognitive processes can also be understood through the concept of identity-related threat. Fear of self refers to the apprehension that one may possess, become, or reveal an undesirable or unacceptable identity. This type of fear is

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particularly relevant in OCD because intrusive thoughts are often ego-dystonic and conflict with the individual's moral standards, values, or desired self-image. When adolescents possess rigid beliefs concerning the significance and control of thoughts, they may be especially likely to confuse the occurrence of a thought with evidence about personal identity. Previous research has directly linked fear of self to obsessive-compulsive processes. Üzümcü et al. found that fear of self played an important role in mental contamination, demonstrating that identity-related appraisals can contribute to obsessive-compulsive distress even in the absence of physical contamination (Üzümcü et al., 2023). Similarly, Nanava and Raisi showed that fear of self is related to obsessive-compulsive symptoms through attachment-related mechanisms, indicating that the construct is embedded in broader emotional and relational systems (Nanava & Raisi, 2025). The present findings extend this literature by suggesting that metacognitive beliefs may also contribute to individual differences in fear of self among adolescents with OCD.

The second major finding was that cognitive reappraisal was negatively associated with fear of self and significantly predicted lower fear-of-self scores. This result is conceptually consistent with the adaptive function of cognitive reappraisal. Cognitive reappraisal involves changing the interpretation of an event or internal experience in order to modify its emotional impact. In the context of OCD, adolescents who are better able to reinterpret intrusive thoughts may be less likely to regard such thoughts as literal indicators of character or identity. Instead of construing an unwanted thought as evidence that they are dangerous, immoral, contaminated, or fundamentally flawed, they may be more capable of viewing it as a transient mental event. This more flexible interpretive stance can reduce the emotional significance of the thought and consequently reduce fear of self. Research on emotion regulation and metacognition has consistently emphasized the close interaction between reflective cognitive processes and adaptive regulation. Cécillon et al. found meaningful relationships among emotion regulation, metacognitive beliefs, trait anxiety, and executive functions, while Merkebu et al. demonstrated that metacognition plays an important role in the relationship between emotional regulation and reflection (Cécillon et al., 2024; Merkebu et al., 2023).

The negative predictive role of cognitive reappraisal is also compatible with findings from educational and clinical research emphasizing the protective function of adaptive emotional regulation. Ebrahimi Ghavam et al. demonstrated that emotion regulation is structurally connected to metacognitive awareness, resilience, coping strategies, and psychological hardiness, suggesting that successful emotional regulation is part of a broader adaptive self-regulatory system (Ebrahimi Ghavam et al., 2024). Similarly, Estévez et al. showed that emotion regulation and coping processes mediate relationships involving metacognition and psychopathological symptoms, reinforcing the view that regulatory strategies can determine how cognitive vulnerabilities translate into psychological difficulties (Estévez et al., 2024). In the present study, cognitive reappraisal may therefore have reduced fear of self by weakening the link between intrusive cognition and threatening self-interpretation. Adolescents capable of reframing distressing thoughts may be less inclined to interpret them as authentic reflections of their identity and may consequently experience less self-directed fear.

In contrast, expressive suppression was positively associated with fear of self and emerged as a significant positive predictor in the regression model. Expressive suppression involves inhibiting or concealing the outward expression of emotional responses rather than modifying the underlying interpretation that generated the emotion. Among adolescents with OCD, suppression may contribute to fear of self by reinforcing the belief that particular thoughts, feelings, or impulses are unacceptable and should remain hidden. When individuals repeatedly suppress emotional expression, internal experiences may acquire increased psychological significance because they are treated as dangerous or shameful. Such a process may intensify self-monitoring and strengthen fears that undesirable emotions or thoughts reveal an unacceptable underlying identity. This interpretation is consistent with broader evidence indicating that emotional regulation strategies differ substantially in their psychological consequences and that avoidance-based strategies can maintain distress rather than resolve its underlying causes (Cécillon et al., 2024; Estévez et al., 2024).

The positive relationship between expressive suppression and fear of self may also be understood in relation to experiential avoidance and self-related vulnerability. Individuals who fear aspects of their internal experience may attempt to conceal, inhibit, or distance themselves from those experiences. However, persistent avoidance may prevent emotional processing and reinforce the perceived dangerousness of thoughts and emotions. Scheepbouwer et al. showed that experiential avoidance and fear of self-

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compassion can operate as mediators of psychological outcomes, highlighting the importance of an individual's relationship with internal emotional states (Scheepbouwer et al., 2025). Although their study focused on a different clinical context, the underlying mechanism is relevant to OCD: avoidance of difficult internal experiences may maintain their threat value. In adolescents with obsessive-compulsive symptoms, expressive suppression may therefore contribute to fear of self by strengthening the distinction between the self that is publicly acceptable and the internal self that is feared or concealed.

Related findings concerning self-disclosure further support this interpretation. Sarwar and Alimirza showed that self-compassion was associated with reduced fear of self-disclosure among individuals with OCD, suggesting that nonjudgmental self-relating may decrease fear surrounding the expression or revelation of internal experiences (Sarwar & Alimirza, 2025). Although fear of self-disclosure differs from fear of self, both involve concerns about unacceptable aspects of internal identity. Adolescents who suppress emotional expression may become increasingly vigilant about what their thoughts and feelings signify, potentially amplifying fears that these internal experiences expose a threatening version of themselves. Conversely, greater acceptance and cognitive flexibility may reduce the need to conceal internal states and weaken the association between distressing thoughts and identity-based fear.

The regression findings are particularly noteworthy because metacognitive beliefs and emotion regulation strategies jointly accounted for approximately 29% of the variance in fear of self. This represents a meaningful proportion of explained variance and indicates that fear of self is not merely an isolated cognitive phenomenon but is associated with broader systems of cognitive monitoring and emotional regulation. At the same time, the unexplained variance suggests that additional mechanisms are also important. Attachment patterns, obsessive beliefs, rumination, self-compassion, experiential avoidance, interpersonal functioning, and symptom severity may all contribute to fear of self. The importance of these additional factors is supported by previous work linking attachment to the relationship between fear of self and OCD symptoms (Nanava & Raisi, 2025), connecting metacognitive beliefs and rumination with obsessive-compulsive phenomena in families of affected adolescents (Mısır & Özbek, 2025), and demonstrating associations between metacognition and social functioning in individuals with OCD (Kul et al., 2024). Therefore, the current model should be viewed as one component of a broader multidimensional framework.

The significant predictive contribution of both metacognitive and emotional variables is also compatible with contemporary treatment approaches that increasingly target multiple mechanisms simultaneously. Cognitive-behavioral and metacognitive interventions have shown beneficial effects on resilience and quality of life in adolescents with OCD, suggesting that modifying maladaptive cognitive processing can improve broader psychological functioning (Sadeghzadeh et al., 2024). Likewise, integrative metacognitive approaches have been applied in complex cases involving obsessive-compulsive personality characteristics and other forms of psychopathology, emphasizing improvements in self-reflection, emotional understanding, and interpersonal functioning rather than focusing exclusively on symptom suppression (Fioravanti et al., 2026). The present findings support such multidimensional approaches by showing that both interpretations of thought and strategies for regulating emotion are independently associated with fear of self.

5. Conclusion

Overall, the findings suggest that fear of self among adolescents with OCD may emerge from an interaction between how internal experiences are interpreted and how the resulting emotions are regulated. Maladaptive beliefs about the significance and controllability of thoughts can make intrusive cognitions more personally threatening, whereas ineffective emotional regulation may prevent adolescents from processing these experiences adaptively. Cognitive reappraisal appears to operate in a protective direction by facilitating more flexible interpretations, while expressive suppression appears to increase fear by promoting concealment and avoidance. These processes may become especially important in adolescence because identity formation, self-evaluation, and emotional regulation are still developing. Accordingly, interventions that help adolescents reinterpret intrusive thoughts, reduce rigid beliefs about thought control, tolerate emotional discomfort, and differentiate mental events from personal identity may be particularly valuable.

The present study has several limitations that should be considered when interpreting the findings. First, the correlational and cross-sectional design prevents causal conclusions regarding whether metacognitive beliefs and emotion regulation strategies lead to changes in fear of self

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or whether heightened fear of self influences these cognitive and emotional processes. Second, participants were selected through convenience sampling from schools in one geographic area, which may limit the generalizability of the findings to adolescents from different cultural, socioeconomic, educational, or clinical backgrounds. Third, all principal variables were assessed using self-report questionnaires, increasing the possibility of shared-method variance, social desirability, inaccurate self-perception, and response bias. Fourth, the study did not include clinician-administered diagnostic interviews or detailed assessments of OCD symptom severity, comorbidity, medication use, treatment status, duration of illness, or family psychiatric history, all of which may have influenced the findings. Finally, the heterogeneous directions observed across the metacognitive subscales suggest that the meaning of the total metacognition score should be interpreted cautiously and that possible scoring characteristics or differential functioning of the subdimensions should be considered.

Future studies should employ longitudinal designs to clarify the temporal relationships among metacognitive beliefs, emotion regulation strategies, fear of self, and obsessive-compulsive symptoms across adolescence. Experimental and intervention-based studies could determine whether modifying dysfunctional metacognitive beliefs or teaching cognitive reappraisal directly reduces fear of self. Replication with larger clinical samples recruited from multiple schools, outpatient clinics, and different regions would improve generalizability. Future investigations should also distinguish among specific OCD symptom dimensions and examine whether contamination, checking, aggressive, sexual, religious, or symmetry-related obsessions differ in their relationships with fear of self. Additional variables such as attachment styles, rumination, experiential avoidance, self-compassion, intolerance of uncertainty, shame, disgust sensitivity, perfectionism, family functioning, and identity development could be incorporated into structural models to identify indirect and moderating pathways. It would also be valuable to examine metacognitive subscales separately and to verify scoring direction and factorial validity in adolescent clinical populations before relying on a global metacognition score.

From a practical perspective, clinicians, school psychologists, counselors, and mental health professionals working with adolescents who display obsessive-compulsive symptoms should assess not only the frequency of obsessions and compulsions but also the adolescent's interpretation of intrusive thoughts, beliefs about the need to control cognition, emotion regulation habits, and fear-related representations of the self. Interventions may benefit from teaching adolescents to distinguish between having a thought and being the type of person represented by that thought, to challenge rigid beliefs concerning thought control, and to use cognitive reappraisal instead of persistent expressive suppression. Psychoeducation can normalize the occurrence of intrusive thoughts and reduce their perceived identity significance, while emotion-regulation training can help adolescents tolerate distress without concealing or neutralizing internal experiences. Integrating these components into cognitive-behavioral, metacognitive, school-based, and family-supported interventions may improve treatment relevance and help reduce the self-related fears that sustain obsessive-compulsive distress.

Authors' Contributions

Authors equally contributed to this article.

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In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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